

MT Department of Justice
Office of Consumer Protection
Telemarketing Registration Section
PO BOX 200151
Helena, MT 59620-0151
(406) 444-4500



**STATE OF MONTANA
TELEMARKETING REGISTRATION APPLICATION**

OFFICIAL USE ONLY

Registration Number _____ Date Issued _____

Surety Bond Rcvd Date _____ Expiration Date _____

APPLICATION IS HEREBY MADE for a Telemarketing Registration Certificate or Renewal in conformity with Title 30, Chapter, 14, Part 14, MCA and the Rules and Regulations pursuant to the Montana Telemarketing and Fraud Prevention Act. Registration certificates are issued on a calendar year. Certificates will expire December 31st of each year. Annual renewal applications must be submitted not less than 30 days prior to the expiration date to prevent lapse of registration.

A SURETY BOND IN THE AMOUNT OF **\$50,000** MUST ACCOMPANY THIS APPLICATION IN LIEU OF THE BOND, A CERTIFICATE OF DEPOSIT, CASH, OR A GOVERNMENT BOND IN THE AMOUNT OF **\$50,000**.

Applicant (True Legal Name)

☐ Initial Application

Date

☐ Renewal Application

Please Check One:

- ☐ Seller (engaged in telemarketing on their own behalf or arranges for others to provide goods or services to the consumer in exchange for consideration.)
- ☐ Telemarketer (engaged in telemarketing at the direction of a seller.)

Name of Applicant _____
(Seller or Telemarketer)

Federal Tax ID Number _____ Principal Business Phone _____

Principal Business Address _____
(Physical address-not post office box etc)

City, State, Zip _____

Principal Business Mailing Address _____

City, State, Zip _____

State in which above business is organized _____

Form of Business Organization (check one):

- | | |
|--|---|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> General partnership | <input type="checkbox"/> Limited Liability |
| <input type="checkbox"/> Limited partnership | <input type="checkbox"/> Other (explain): _____ |

Name of Registered Agent designated to accept Service of Process as filed with Montana Secretary of State: _____

Date filed Montana Service of Process: _____

If applicant is a partnership, attach a copy of the written partnership agreement.

If applicant is a corporation, provide:

Date incorporated _____ in the state of _____.

Attach:

- (a) a copy of the current article of incorporation and bylaws
- (b) address of corporation headquarters.

Section A:

1. List all business names, real and fictitious, which the applicant intends to use to engage in telemarketing.

INDICATE "R" FOR REAL OR "F" FOR FICTIOUS.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Locations: List the complete street address, (street, unit #, city, state, zip) and telephone numbers of all locations from which you conduct business, or will be conducting business (including mail drop locations, phone rooms, administrative office and fulfillment and processing centers:

Address_____

City _____ State _____ Zip _____ Phone _____

Does this location receive mail? YES/NO _____ Is it a mail drop only? YES/NO _____

Address_____

City _____ State _____ Zip _____ Phone _____

Does this location receive mail? YES/NO _____ Is it a mail drop only? YES/NO _____

Address_____

City _____ State _____ Zip _____ Phone _____

Does this location receive mail? YES/NO _____ Is it a mail drop only? YES/NO _____

Address_____

City _____ State _____ Zip _____ Phone _____

Does this location receive mail? YES/NO _____ Is it a mail drop only? YES/NO _____

Address_____

City _____ State _____ Zip _____ Phone _____

Does this location receive mail? YES/NO _____ Is it a mail drop only? YES/NO _____

Address_____

City _____ State _____ Zip _____ Phone _____

Does this location receive mail? YES/NO _____ Is it a mail drop only? YES/NO _____

***DUPLICATE THIS FORM AS NECESSARY. DO NOT SUBMIT
ATTACHMENTS IN LIEU OF COMPLETING THIS SECTION.***

3. List each occupation or business that the applicant's principal owner has engaged in for the two years immediately preceding the date of this application.

4. Has any principal or manager been convicted or plead guilty to or is being prosecuted by indictment for racketeering, violations of state or federal securities laws, or a theft offense? YES/NO_____
5. Has any principal or manager worked for or been affiliated with a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including an agreed judgment or order, an assurance of voluntary compliance, or any similar instrument, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property; the use of any untrue, deceptive, or misleading representation; or the use of any unfair, unlawful, deceptive, or unconscionable trade act or practice? YES/NO ____
6. Has there been entered against any principal or manager an injunction, temporary restraining order, or a final judgment in any civil or administrative action involving fraud, theft, racketeering, embezzlement, fraudulent conversion, misappropriation of property or violation of any federal or state consumer protection law. This information must include any pending litigation against the applicant. YES/NO_____
7. Has the seller, at any time during the previous seven years, filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency? YES/NO_____

If the answer is YES to any of the above, please attach your written explanation, date of conviction, judgment, order or injunction, name of the government agency that filed the action (if applicable). Include a copy of all administrative court orders and/or legal documents.

Section B:

1. Provide the full legal true name, current residential address, date of birth, social security number, driver's license number and issuing state, of the following: NOTE: All principals must sign the attached form on page 11.
 - a. Each telemarketer or other person to be employed by the seller.
 - b. Each person participating in or responsible for the management of the seller's business (owner, partner, corporate officer, member of L.L.C., controlling shareholder, sole proprietor or trustee).
 - c. Each person, office manager, or supervisor principally responsible for the management of the seller's business.

Name	Name
Address	Address
City/State/Zip	City/State/Zip
Position Held with Applicant	Position Held with Applicant
Date of Birth	Date of Birth
Driver's License Number	Driver's License Number
Social Security Number	Social Security Number
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Position Held with Applicant	Position Held with Applicant
Date of Birth	Date of Birth
Driver's License Number	Driver's License Number
Social Security Number	Social Security Number

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2. Provide the name address, and account number of every institution where the applicant conducts banking or other monetary transactions.

Name	Address	Account Number

3. Provide a copy of all scripts, outlines or presentation material that the applicant will use or require a telemarketer to use when soliciting, as well as all sales information to be provided by the applicant to a purchaser in connection with any solicitations.
4. Please provide a complete, detailed description of the goods, services, property or extension of credit you are offering for sale. Your description should include, without limitation, a physical description, identification (including addresses) of the manufacturer or supplier of such goods, services, property, or extension of credit, the price charged for same, and any conditions or restrictions, if applicable.
5. If a prize, bonus, award, gift or premium is involved, please provide:
- a) A full description of each prize, bonus, award, gift, or premium (description should include a physical description, identification *including address* of the manufacturer or supplier, the actual retail value based on actual sales, and any conditions or restrictions, if applicable).

b) In Any Prize Promotion:

- (i) Set forth the actual or approximate odds of those purchasers receiving each such prize, bonus, award, gift, or premium.

_____ Prize	_____ Odds
_____ Prize	_____ Odds
_____ Prize	_____ Odds
_____ Prize	_____ Odds
_____ Prize	_____ Odds

- (ii) Explain the "no purchase no payment" method of participating in the prize promotion. Provide copies of instructions on how to participate or an address or a local or toll-free number that consumers may write or call for information on how to participate.

c) The applicant shall provide copies of information conveyed to consumers during contact with consumers that:

- (i) Set forth the total cost of goods or services to be disclosed to consumers.
- (ii) Provide information on all material restrictions, limitations, and conditions pertaining to the purchase of the goods and services to be disclosed to consumers.

6. Please attach to this application a representative copy of all written materials sent or provided to any purchaser in connection with your business.

7. Do you have a "no call" policy? YES_____ NO_____. If so, please attach a copy of your "no call" policy and any policies and procedures in force to prevent calls to consumers who have requested no further contact. If you have no written policy, please describe your policies and procedures.

Section C:

1. A surety bond in the amount of \$50,000 must accompany the application for registration or in lieu of bond, the Department of Justice will hold Certificate of Deposit naming the Department of Justice as owner, cash, or government bond naming the Department of Justice as owner the amount of \$50,000. The bond must provide for indemnification to the State of Montana for any person suffering a loss as a result of violation of the Montana Telemarketing Registration and Fraud Prevention Act. Bond must be issued by a surety company authorized to transact surety business and with a Best's rating of no less than A- in the State of Montana.

_____ A PROPER SURETY BOND IN THE PENAL SUM OF FIFTY THOUSAND DOLLARS (\$50,000) IS ATTACHED WITH THE CORPORATE SEAL OF THE STATE WHERE ENTITY IS OPERATING.

The following constitutes a violation of the Montana Telemarketing Registration and Fraud Prevention Act: Failure to register, maintain or renew a registration; failure to meet the surety bond requirement to provide a bond; including any false or misleading information on registration application; and misrepresenting that a seller or telemarketer is registered.

2. Mail your completed Application Form or Renewal Form to:

Department of Justice
Office of Consumer Protection
Telemarketing Registration Section
PO BOX 200151
Helena, MT 59620-0151
(406) 444-4500

ATTESTATION

I swear or affirm that this application and any attachments hereto, have been prepared or carefully reviewed by me and constitute a complete, truthful and correct statement of all information required therein. I further realize that any false responses or statements will be grounds for denial of this application, and may subject me to civil and/or criminal prosecution, as provided by law.

(Date) _____

(Signature)

(Title)

NOTARY

STATE OF _____)

)

SS:

COUNTY OF)

)

The person whose signature appears above personally appeared before the undersigned, a Notary Public in and for the above named County and State, the day and date named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the person therein named and for the purposes therein set forth, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Sworn and subscribed before me this _____ day of _____, 20_____.

Signature – Notary Public

Affix Notary Seal

My Commission Expires _____

NOTICE

TO BE EFFECTIVE, THIS APPLICATION MUST BE SIGNED BY ALL OF THE PRINCIPALS LISTED IN THE RESPONSE TO QUESTION #1, SECTION B.

Any false or misleading information on this application will result in registration denial.

The undersigned, by their signatures, swear or affirm under penalty of perjury that the foregoing information is true and complete to the best of their knowledge, information and belief.

Signature: _____

Date: _____

Print Name: _____

Position Held: _____

Signature: _____

Date: _____

Print Name: _____

Position Held: _____

Signature: _____

Date: _____

Print Name: _____

Position Held: _____

Signature: _____

Date: _____

Print Name: _____

Position Held: _____

Signature: _____

Date: _____

Print Name: _____

Position Held: _____

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